

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10578277**

Filing Date

Applicant(s) **Harald Fink**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
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49						
50						
Total Indep.	1		0		0	
Total Depend	7	↙	0	↙	0	↙
Total Claims	8		0		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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